PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

For Fees	Effective	Nov.	5,	1990
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88/641, 332

		CLAIMS	AS FILED	PART				CMALL E	NTITY	OR.	OTHER T	HAN
		(Column 1) (Column 2)					SMALL ENTITY			SMALL E	NTITY	
FOR		NUMBE	R FILED		NUMBEF	REXTRA		RATE	FEE		RATE	FEE
BASI	C FEE								\$ 315.00	ÖR		\$ 630.0
TOTA	AL CLAIMS		6 minu	ıs 20 =	*	3/	╛╏	x \$10=		OR	x \$20 =	
INDE	PENDENT CLAI	MS 9	// min	us 3 = '	*			x 30 =		OR	x 60 =	
MULTIPLE DEPENDENT CLAIM PRESENT								+ 100 =		OR	+ 200 =	
* If the difference in column 1 is less then zero, enter "0" in column 2							TOTAL		OR	TOTAL		
<	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ИПТҮ	OR	OTHER T	
AMENDMENT 🗞		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 28	Minus	**	58	=	7	x \$10=		OR	x \$20 =	
AME	Independent	* 5	Minus	***	4	= /		x 30 =		OR OR	x 60=	78
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 100 =		OR	+ 200 =	,
	(Column 1) (Column 2) (Column 3)					ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	r] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	$\exists \mathbb{L}$	x \$10 =		OR	x \$20 =	
ME	Independent	*	Minus	***		=		x 30 =		OR OR	x 60 =	
4	FIRST PRES	SENTATION OF I	MULTIPLE DI	EPENDE	NT CLAIM			+ 100 =		OR	+ 200 =	
		(Column 1)		(Colu	ımn 2)	(Column 3)	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
NON	Total	*	Minus	**		=		x \$10 =		OR	x \$20 =	
ME	Independent	*	Minus	***		=	7	x 30 =		OR OR	x 60 =	
4	FIRST PRES	SENTATION OF I	MULTIPLE DI	EPENDE	NT CLAIM		7	+ 100 =		OR	+ 200 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". At										OR	TOTAL	
*** If t	he "Highest Num	iber Previously Pa iber Previously Pa ber Previously Pa	aid For" IN Th	HIS SPAC	E is less t	han 3, enter "3"	- .	•	appropriate I		DDIT. FEE' Dlymn 1.	130



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

64 332

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOF	FOR NUMBER FILED NUMBER EXTRA						1	RATE	FEE) 	RATE	FEE	
							 	W			na.	FEL	
BASIC FEE						L		375.00	OR		750.00		
TOTA	AL CLAIMS		56 minus	s 20 =	*	36	x:	\$11=		OR	x\$22=	192	
INDE	EPENDENT CLA	AIMS	<u> 4 min</u>	us 3 =	<u> </u>		X	(39=		OR	x78=	78	
MUL	TIPLE DEPEND	DENT CLAIM PRE	SENT				-	125=		OR	+250=	/ -	
* If th	ne difference in cr	olumn 1 is less than :	zero, enter "0" i	in colum	ın 2		<u> </u>	OTAL		OR	TOTAL	1620	
		CLAIMS AS	*MENIDEL	ם ר	DT II			· ·) Un			
		(Column 1)	AMENDED		Column 2)	(Column 3)	_	SMALL	ENTITY	OR		R THAN . ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* /	Minus	** <	58	=	x\$	\$11=		OR	x\$22=		
ME	Independent	* /	Minus	***	4		x	39=		OR	x78=		
٩	FIRST PRES	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						125=	•	OR	+250=		
				·_		_		TOTAL IT. FEE	·	OR A	TOTAL ADDIT. FEE		
		(Column 1)	Τ	,	olumn 2) IGHEST	(Column 3)	, L—	···		I [(001		
AMENDMENT B		REMAINING AFTER AMENDMENT		NL PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 19	Minus	**	56	=	x\$	\$11=		OR	x\$22=		
ME	Independent	. 2	Minus	***	9	=	x:	39=		OR	x78=		
	FIRST PRES	SENTATION OF	MULTIPLE	DEPE'	NDENT CL	AIM	+1	125=		OR	+250=		
		(Column 1)		TOTAL ADDIT. FEE OR			TOTAL ADDIT. FEE						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R.	ATE	ADDI- TIONAL FEE	!	RATE	ADDI- TIONAL FEE	
Z DM	Total	· 2-5	Minus	**	56	=	x\$	§11=		OR	x\$22=		
ME	Independent	* /	Minus	***	4.	=	χ	39=		OR	x78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125=								OR	+250=			
*** If th	ILINE PRODEST NUMBER PREVIOUSLY PAID FOR IN THIS SPACE IS IGGS TOOL 20 ANTOR "20"										ADDIT. FEE		